



FQHC/RHC 101

A joint presentation on MCE policies and processes.



Introduction to FQHCs & RHCs



Anthem



CareSource



MDwise



MHS



Resources



Introduction to FQHCs and RHCs





Introduction to FQHCs & RHCs

What are FQHCs and RHCs?

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are facilities designated to provide healthcare services to medically underserved urban and rural communities. They can provide preventive services and encounters, care coordination, and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.



Introduction to FQHCs & RHCs

FQHCs

- Receive government grants, which help them provide primary care services to all patients, regardless of their ability to pay.
- Receive funds through the *Public Health Service (PHS) Act* and receive FQHC status from the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services.
- For more information regarding this process, contact the Indiana Primary Health Care Association at (317) 630-0845 or info@indianapca.org.



Introduction to FQHCs & RHCs

RHCs

- RHC services are defined in *Code of Federal Regulations 42 CFR 405.2411* and *42 CFR 440.20*.
- Receive Medicare designation through the CMS.
- Clinics must contact the Indiana State Department of Health (ISDH) to request RHC status.
- The IHCP requires all RHCs to submit finalized (reviewed or audited) cost reports and copies of their Medicare rate letters to Myers and Stauffer.
- For more information about becoming an RHC under the IHCP, contact the ISDH at (317) 233-1325 or (317) 233-7474, the Indiana Primary Health Care Association at (317) 630-0845, or other practice consultants.



Introduction to FQHCs & RHCs

Eligible Rendering Providers

- The IHCP reimburses FQHCs and RHCs for valid encounters with the following qualifying practitioners:
 - Physician
 - Physician Assistant
 - Advanced Practice Registered Nurse
 - Clinical Psychologist
 - Clinical Social Worker
 - Dentist
 - Dental Hygienist
 - Podiatrist
 - Optometrist
 - Chiropractor
- All physicians associated with the clinic must have an individual IHCP-issued Provider ID. Physicians must also report their National Provider Identifier (NPI) to the IHCP. The Provider IDs and NPIs must be linked to the FQHC or RHC.



Introduction to FQHCs & RHCs

Valid FQHC and RHC Place-of-Service Codes

- Must be included for claim reimbursement
 - 11 – Office
 - 12 – Home
 - 31 – Skilled Nursing Facility
 - 32 – Nursing Facility
 - 50 – Federally Qualified Health Center
 - 72 – Rural Health Clinic

Myers and Stauffer LC

- Rate-setting contractor for IHCP
- Determines the reimbursement rate for FQHCs and RHCs
- Forwards the rate to the IHCP Provider Enrollment Unit so the encounter rate can be loaded into the Core Medicaid Management Information System (*CoreMMIS*).

*FQHCs and RHCS are required by the IHCP to provide all proper financial information to Myers and Stauffer.



Introduction to FQHCs & RHCs

Wrap-around Payments

- When total MCE payments to an FQHC or RHC are less than what the clinic would have been paid under an agreed upon federal payment system (or alternative state method), the state Medicaid agency must pay the difference. This reimbursement payment is called a supplemental payment, or wrap-around payment.
- Each clinic establishes a capped rate for estimated wrap-around payments for managed care patients.
- Myers and Stauffer LC determines the managed care wrap-around payment reimbursement on behalf of the State.



Introduction to FQHCs & RHCs

Managed Care Eligibility

- FQHCs and RHCs can participate with any managed care entity (MCE).
- The MCE provider contract must specify the contractual arrangements to ensure that the FQHC or RHC is reimbursed for services.
- Claims for members in a managed care plan such as Hoosier Care Connect, Hoosier Healthwise, or the Healthy Indiana Plan (HIP) must be billed in the manner applicable to the specific MCE, and submitted to the MCE for processing.
- MCEs must provide data related to annual reconciliations to Myers and Stauffer.



FQHCs/RHCs and the Managed Care Entities



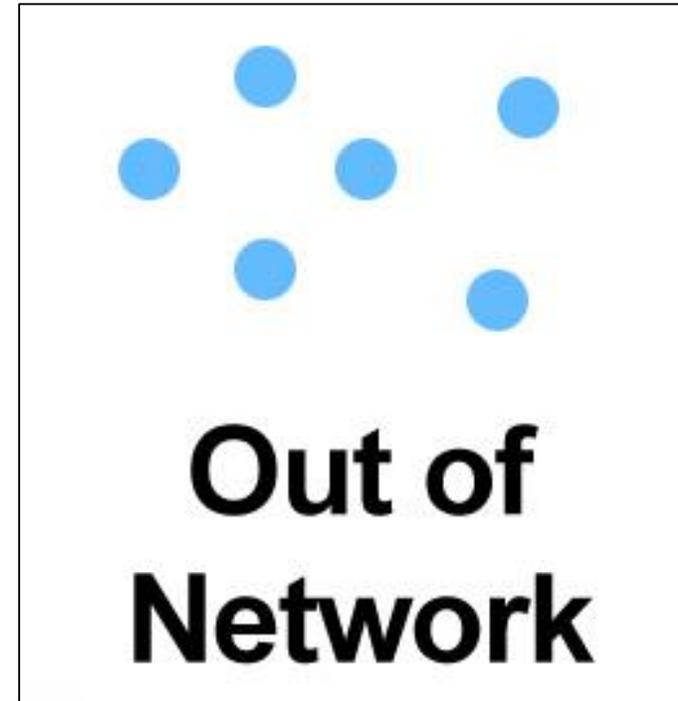


Anthem



Out-of-Network Exceptions

- For HIP members, Anthem makes covered services provided by FQHCs and RHCs available to members out-of-network if those clinics are not available in the member's service area and within Anthem's network.



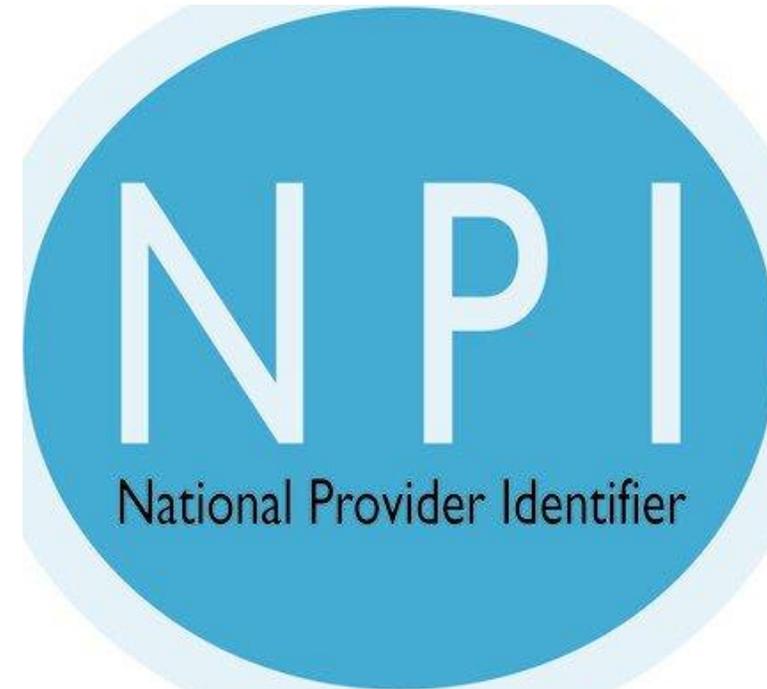


Anthem



NPIs

- Type 2: Hospitals and medical groups, which include but are not limited to hospitals, group practices, FQHCs, and RHCs.



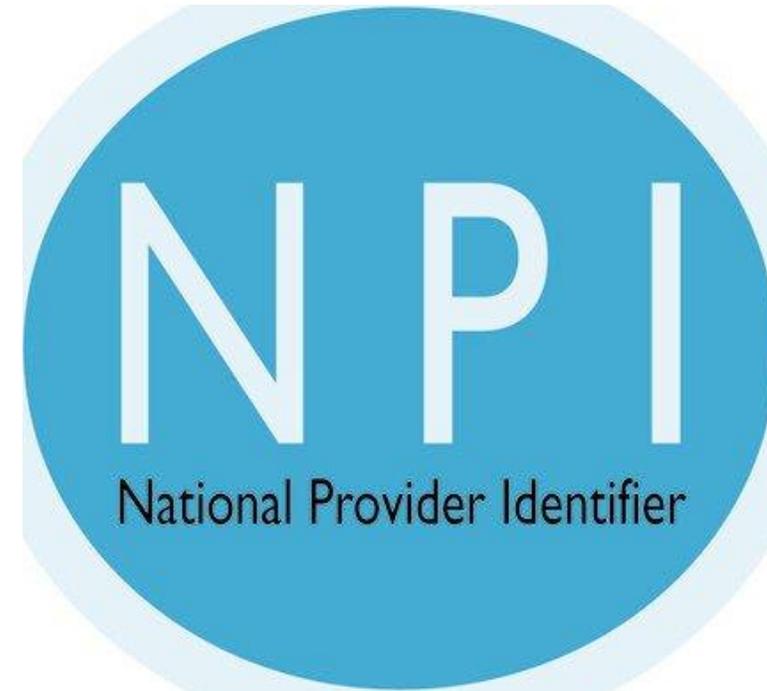


Anthem



Use of Referring Provider's NPI on Claim Submissions

- There are some exceptions to the requirement of providing the referring primary medical provider's NPI when submitting a claim for services provided to a member not assigned to you.
- Exception:
 - If the billing or referring physician is from an FQHC.





Anthem



Billing

- FQHCs may put their billing/group NPI number in boxes 24J and 33

F. \$ CHARGES	G. DAYS OR UNITS	H. EPST Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
			NPI	
28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use
\$		\$		
33. BILLING PROVIDER INFO & PH # ()				
a. NPI		b.		



CareSource



Enrolling FQHC & RHC practitioners in CareSource

- Non-contracted FQHC and RHC providers and dentists apply for enrollment with CareSource by completing the New Health Partner Contract Form, which can be found at the following link:
<https://www.caresource.com/in/providers/education/become-caresource-provider/medicaid/>
- Contracted FQHCs and RHCs may add a physician/dentist by accessing the Provider Portal and selecting the “Provider Maintenance” functionality OR by completing the Hierarchy Change Request Form that can found on our website at https://www.caresource.com/documents/in-p-0097a_in-health-partner-change-request-form/

*******Please note that practitioners must be actively enrolled in IHCP before being loaded into CareSource’s claim system.**



CareSource



- CareSource has chosen to establish relationships with FQHCs and RHCs as critical safety net providers. CareSource will reimburse FQHCs and RHCs at no less than the reimbursement level that CareSource would make to a non-FQHC/RHC provider for the same service.
- CareSource is required to identify and report any performance incentives if offered to an FQHC/RHC in relation to the cost of providing FQHC- and RHC-covered services to its members.
- The State makes supplemental payments to FQHCs and RHCs that contract with CareSource. The payments are meant to represent the difference between the payment an FQHC/RHC would be entitled to under the Benefits Improvement and Protection Act of 2000 (BIPA).
- CareSource performs claim reconciliations with each of the FQHCs and RHCs it contracts with in an effort to determine billing issues and to resolve discrepancies that may impact the clinic's annual reconciliation with the State of Indiana.



MDwise



Enrolling FQHC and RHC Providers with MDwise

- MDwise identifies these providers based on Billing Specialty Type and Billing Taxonomy Code
 - FQHCs should have a billing specialty type of 80 and/or billing taxonomy of 261QF0400X.
 - RHCs should have a billing specialty type of 81 and/or billing taxonomy of 261QR1300X.
- FQHC and RHC providers apply for enrollment with MDwise by submitting the Universal MCE Provider Enrollment Form.
- Unlike other providers, FQHCs and RHCs are safety net providers and their claims should be paid whether or not they are in-network. Because of this, MDwise will enroll the provider based on their effective date in CoreMMIS, so they may be paid appropriately.



MDwise



Enrolling FQHC and RHC Providers with MDwise (cont.)

- If the provider must be credentialed, MDwise will withhold the provider from holding a panel or being listed in the directory until credentialing has been completed.
- MDwise recognizes that FQHCs and RHCs are safety net providers for the underserved community, and should always be paid 100% of the Medicaid Fee Schedule, whether they are in-network or not.
- FQHCs and RHCs will always be contracted at 100% of the Medicaid Fee Schedule because of additional reimbursements (wrap-around payments) determined by Myers and Stauffer LC.



MHS



Enrolling FQHC & RHC Practitioners in MHS

- Non-contracted FQHC and RHC providers and dentists apply for enrollment with MHS by utilizing the link below:

<https://www.mhsindiana.com/providers/become-a-provider/become-contracted-provider.html>

- Contracted FQHCs and RHCs may add a new provider by accessing the MHS website by utilizing the link below:

<https://www.mhsindiana.com/providers/become-a-provider/existing-provider.html>

*******Please note that practitioners must be actively enrolled in IHCP before being loaded into the MHS claim system.**



MHS



- MHS has chosen to establish relationships with FQHCs and RHCs as critical safety net providers. MHS will reimburse FQHCs and RHCs at no less than the reimbursement level that MHS would make to a non-FQHC/RHC provider for the same service.
- MHS is required to identify and report any performance incentives if offered to an FQHC/RHC in relation to the cost of providing FQHC- and RHC-covered services to its members.
- The State makes supplemental payments to FQHCs and RHCs that contract with MHS. The payments are meant to represent the difference between the payment an FQHC/RHC would be entitled to under the Benefits Improvement and Protection Act of 2000 (BIPA).
- MHS performs and provides monthly reconciliation reports to each of the FQHCs and RHCs it contracts with in an effort to determine billing issues and to resolve discrepancies that may impact the clinic's annual reconciliation with the State of Indiana.



Resources





Resources

IHCP Provider Reference Module: Federally Qualified Health Centers and Rural Health Clinics:

<https://www.in.gov/medicaid/files/federally%20qualified%20health%20centers%20and%20rural%20health%20clinics.pdf>

Myers and Stauffer, LC website:

<https://mslc.com/Indiana/>

Indiana FQHC/RHC Change in the Scope of Service Guidelines:

<https://mslc.com/uploadedFiles/Indiana/FQHC/FQHC-RHC%20Change%20in%20Scope%20of%20Service%20Guidelines%20and%20Form.pdf>

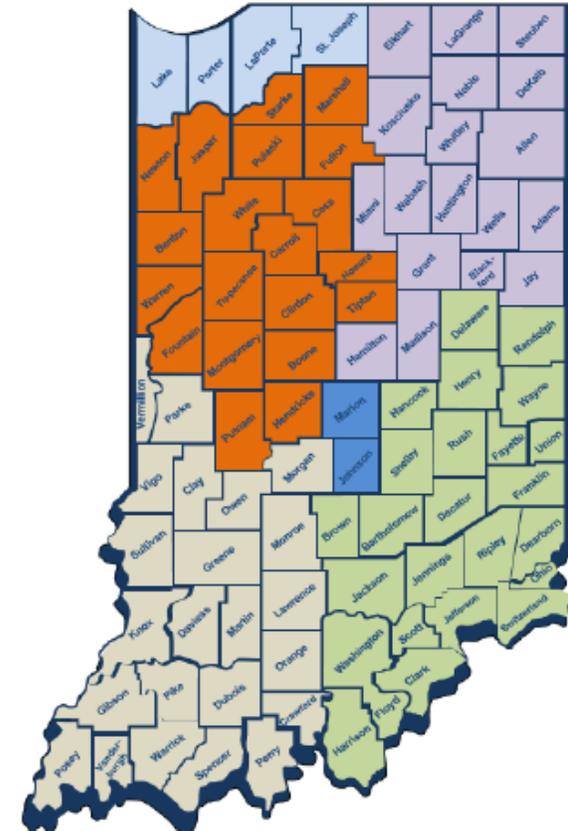


Resources



Network Relations — State of Indiana Territory Map

Northwest region/Franciscan	Northeast region/IU Health	Southwest region/Deaconess
Please send questions to askyournetworkrelationsrepresentative@anthem.com	Matt Swingendorf matthew.swingendorf@anthem.com 1-317-306-0077	Jonathan Hedrick jonathan.hedrick@anthem.com 1-317-601-9474
West Central region/St. Vincent	Southeast region	Community health
Angelique Jones angelique.jones@anthem.com 1-317-619-9241	Sophia Brown sophia.brown@anthem.com 1-317-775-9528	Ron Gibson, Network Support Manager rondinel.gibson@anthem.com 1-317-287-6429
Central region		
Marvin Davis marvin.davis@anthem.com 1-317-501-7251	Tina Mas on tina.mas on@anthem.com 1-463-201-3718	
Marion County: 46280, 46240, 46250, 46256, 46236, 46216, 46235, 46229, 46220, 46205, 46226, 46218, 46201, 46219, 46203, 46239, 46107, 46259, 46237, 46227, 46204	Marion County: 46290, 46260, 46268, 46278, 46254, 46228, 46208, 46202, 46222, 46224, 46214, 46234, 46221, 46225, 46217, 46221, 46241, 46231, 46183, 46113	
Johnson County: 46162 (Needham), 46124 (Edinburgh), 46184 (New Whiteland), 46131 (Franklin)	Johnson County: 46106 (Bargersville), 46181 (Trafalgar), 46142 and 46143 (Greenwood), 46184 (Nineveh)	
Out-of-state providers		
Nicole Bouye nicole.bouye@anthem.com 1-317-517-8862		
Indiana provider Network Solutions		
1-800-455-6805		

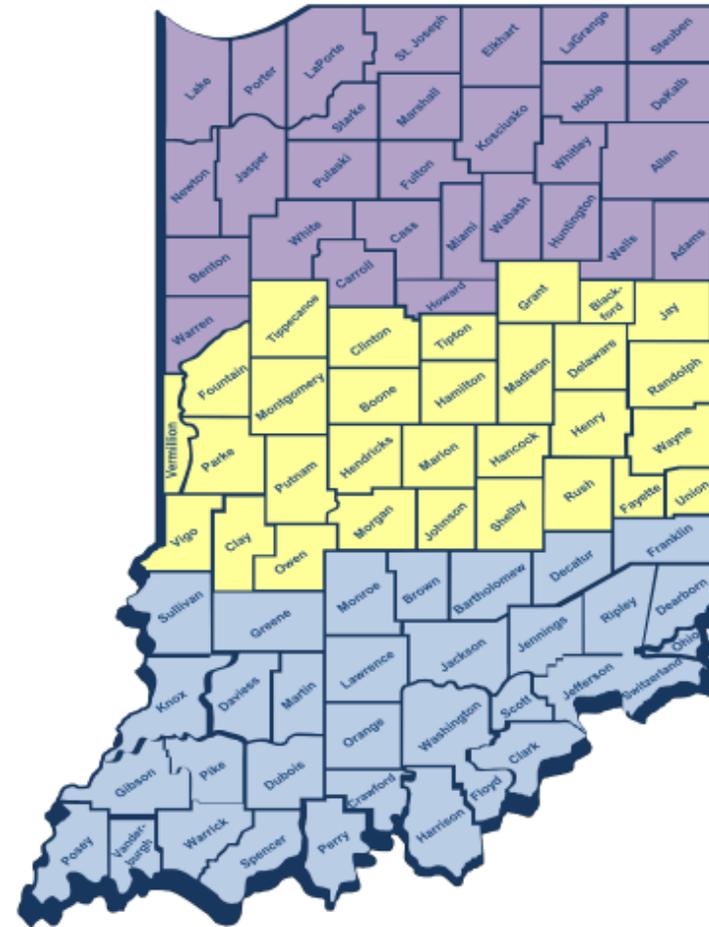




Resources



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Provider Network Relations
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State of Indiana



Resources



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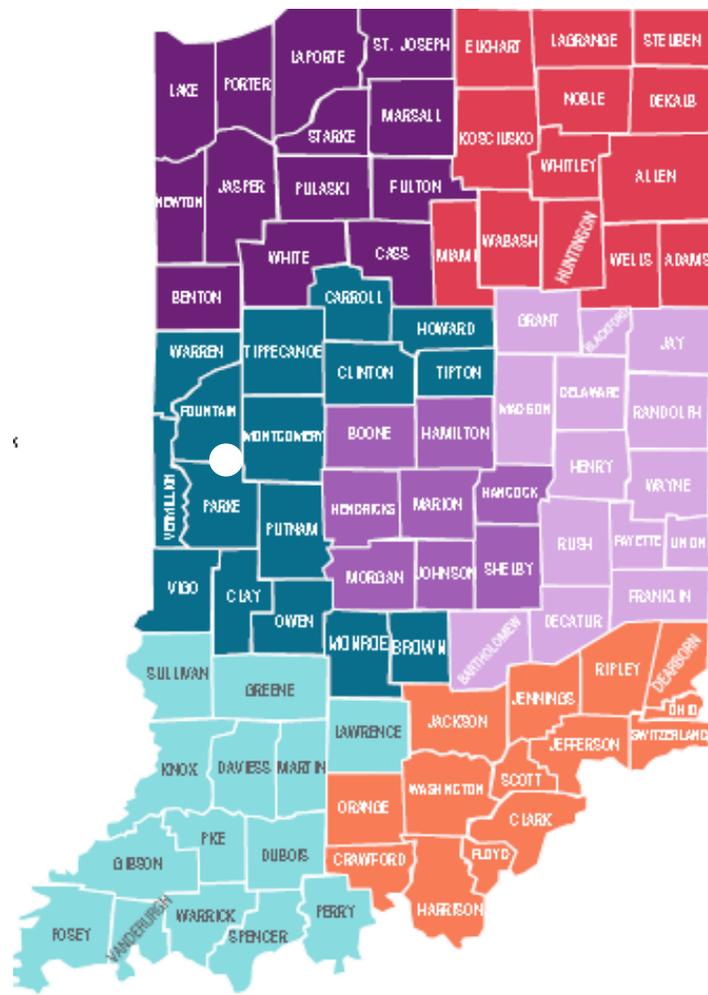
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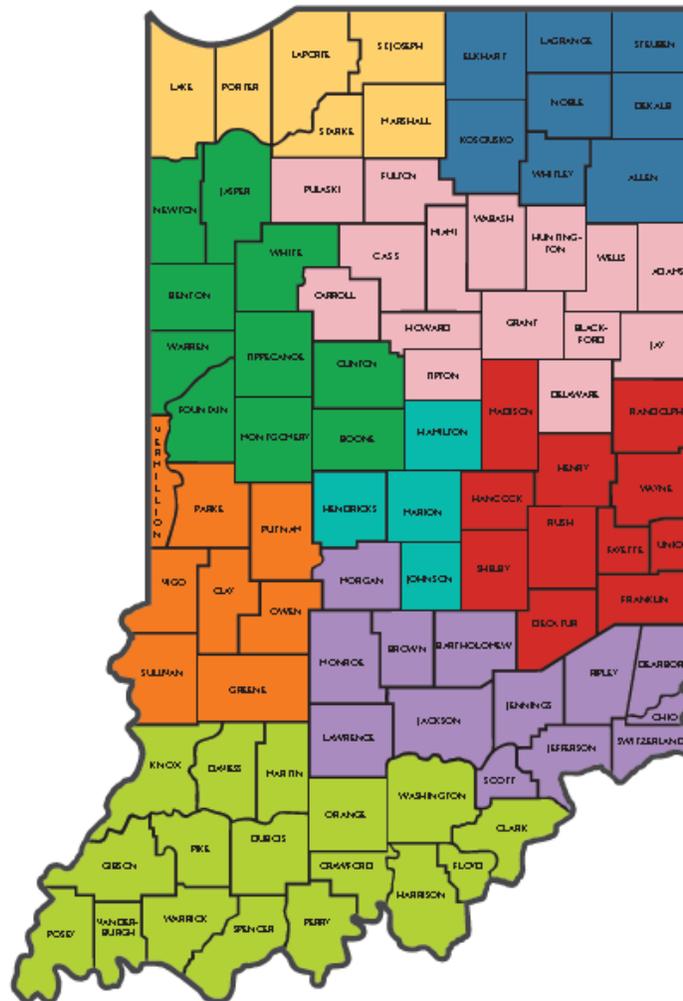


Resources



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 - Region 9**
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Resources



MHS Provider Network Territories

NORTHEAST REGION

Claims Issues: MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
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CENTRAL REGION

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SOUTHWEST REGION

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NEW PROVIDER CONTRACTING

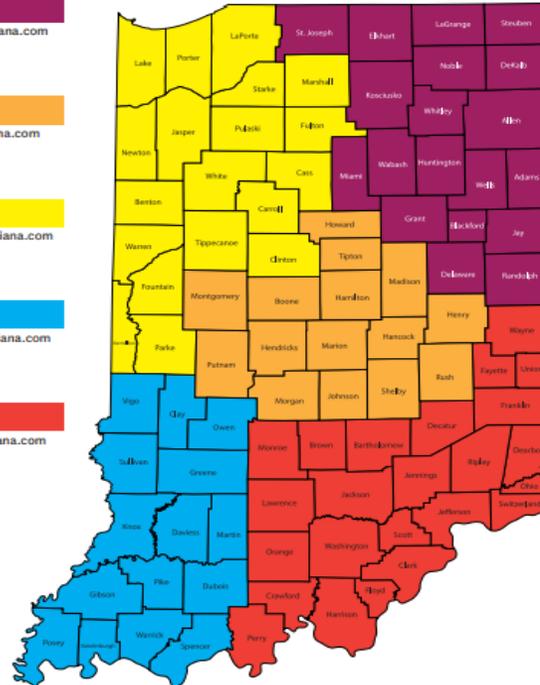
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Indiana





Resources



MHS Provider Network Territories

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PROVIDER GROUPS

Beacon Medical Group
Community Care Network
Franciscan Alliance
Goshen Health System
HealthLinc
Heart City Health Center
Indiana Health Centers
Lutheran Medical Group
Northshore Health Centers
Parkview Health System
South Bend Clinic

JENNIFER GARNER

Provider Partnership Associate II
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PROVIDER GROUPS

American Health Network of Indiana
Columbus Regional Health
Community Physicians of Indiana
Good Samaritan Hospital Physician Services
HealthNet
Health & Hospital Corporation of Marion County
Indiana University Health
Little Company of Mary Hospital of Indiana
Riverview Hospital
St. Vincent Medical Group

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Thank You!





Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1000>